



Non-Credit Course Proposal

Special Skills / Levels of Experience

Please specify special skills or experience (suggested or required) for participants to take this course. Include minimum age requirement.

**SCHEDULING**

Number of hours (total): \_\_\_\_\_ Number of Sessions: \_\_\_\_\_

Preferred Meeting Days/Nights:

M	T	W	Th	F	Sa	Su	Days	Nights	

Proposed time/date(s) for course: \_\_\_\_\_

Preferred Class Size: Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

**SUPPLIES/MATERIALS**

Materials, AV, textbooks, facilities, etc., please keep in mind that photocopying of handouts will be done by our office.

**INSTRUCTOR BIO**

(i.e: Owner, ABC Company, Horticulturist; Commercial Photographer, include qualifications and/or resume.)